

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>10/598532</i>	FILING DATE				
CLAIMS								APPLICANT(S)					
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2				-				52					
3				-				53					
4				-				54					
5				-				55					
6				-				56					
7				-				57					
8				-				58					
9				-				59					
10				-				60					
11				-				61					
12				-				62					
13				-				63					
14				-				64					
15				-				65					
16				-				66					
17								67					
18								68					
19			1					69					
20								70					
21								71					
22								72					
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42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					

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 16 ←